

Public Report Cabinet

Committee Name and Date of Committee Meeting

Cabinet - 15 December 2025

Report Title

Rotherham Council Adult Social Care Mental Health Strategy 2026 - 2029

Is this a Key Decision and has it been included on the Forward Plan?
Yes

Strategic Director Approving Submission of the Report

Ian Spicer, Strategic Director of Adult Care, Housing and Public Health

Report Author(s)

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Ward(s) Affected

Borough-Wide

Report Summary

Cabinet approved a new operating model for the Council's Mental Health Service in December 2023, which included a recommendation to develop a co-designed Adult Mental Health Strategy for Rotherham, once the new model was operational. This report outlines the outcomes of the consultation on the future vision, themes and priorities for mental health and presents the first Rotherham Council Adult Social Care Mental Health Strategy 2026 - 2029.

The report seeks approval to approve the new Rotherham Council Adult Social Care Mental Health Strategy 2026 -2029.

Recommendations

That Cabinet approve publication of the new Rotherham Council Adult Social Care Mental Health Strategy 2026 -2029.

List of Appendices Included

Appendix 1	I Draft Rotherham Council Adult Social Care Mental Health Strateg	
	2026-2029	
Appendix 2	Formal 12-Week Consultation Analysis	
Appendix 3	Further Information - Working Draft - Rotherham Council Adult Social	
	Care Mental Health Strategy Delivery Plan	
Appendix 4	Part A Initial Equality Screening Assessment	
Appendix 5	Part B Equality Analysis Form	
Appendix 6	CIA 530 Carbon Impact Assessment	

Background Papers

Cabinet Report Adult Social Care Mental Health Review December 2023

Consideration by any other Council Committee, Scrutiny or Advisory Panel None

Council Approval Required

Exempt from the Press and Public

No

Rotherham Council Adult Social Care Mental Health Strategy 2026 – 2029

1. Background

- 1.1 In December 2023, Cabinet approved the Adult Social Care Mental Health Review, which has led to the development of this new vision and strategy for Adult Mental Health services in Rotherham.
- 1.2 To support the development of the Rotherham Council Adult Social Care Mental Health Strategy 2026-2029, a project working group was formed with relevant members from across the Council. A 12-week formal consultation was planned, to enable effective engagement with people with lived experience, their families, carers, advocates, partners and professionals.
- 1.3 This report outlines the outcome of the 12-week formal consultation period of engagement with Rotherham residents and partners.
- 1.4 Data from Rotherham Council Public Health Joint Strategic Needs Assessment, work on Loneliness Engagement, and the Rotherham Carer Parent Forum has helped to inform this strategy. The data shows that many adults in Rotherham experience mental ill health due to life changes, limited social connections, and barriers to accessing support. Carers often feel isolated and overwhelmed, with limited opportunities for support. The data highlights the importance of early intervention and addressing the preliminary factors of mental ill health before they escalate into more serious concerns. Inclusion of these insights ensures that the Rotherham Council Adult Social Care Mental Health Strategy 2026 2029 was based on real community experiences and robust local evidence.

2. Key Issues

- 2.1 The consultation took place from 8 May 2025 to 27 July 2025 to seek the views of people with lived experience of mental ill health, their families, carers, and professionals on the future vision, values, and priorities for mental health provision in Rotherham.
- 2.2 The consultation was delivered through a range of methods, including both face-to-face and online methods, to ensure accessibility. Central to the consultation was an online survey designed to gather feedback and insights relating to:
 - Vision for mental health services,
 - Guiding values
 - Key topic areas
 - Service priorities, and
 - Links to other related strategies (the Health and Wellbeing Strategy and The Borough That Cares Strategy)

- 2.3 The survey also promoted ongoing engagement and co-production opportunities including via Adult Social Care's Co-Production Board, known as Rotherham Adult Social Care Always Listening (RASCAL), to further shape mental health initiatives long term.
- 2.4 Throughout the development of the Rotherham Council Adult Social Care Mental Health Strategy 2026 2029, we have acknowledged that the strategy could be perceived as influencing clinical services delivered by health partners such as Rotherham, Doncaster and South Humber (RDASH) and NHS Foundation Trust and The Rotherham Foundation Trust (TRFT). Communications will emphasise that the strategy focuses on improving Council-run services while strengthening partnerships to provide a seamless, integrated experience for people.

2.5 **Consultation Outcome**

- 2.6 The subsequent sections of this report present the outcomes of the consultation in each of the five core areas of focus.
- 2.7 The full consultation analysis can be found at Appendix 2.

2.8 Focus area: Vision for mental health services

- 2.9 The most valued areas, as identified through multiple-choice responses, were:
 - Empowering you, by receiving the right support, at the right time.
 - Everyone has the same opportunities to access support, regardless of their background and need
 - People can improve their overall mental health and wellbeing
 - Access to help, advice and services which are closer to home
- 2.10 For respondents who did not select a 'vision' statement from the multiple-choice suggestions, they selected 'other'. They were given opportunity to state an alternative important vision statement in their own words, along with the opportunity to say why this was important.
- As part of the 'other' survey findings, respondents emphasised that Awareness and Accessibility are vital to the strategy's vision, with many unaware of available services or how to access them. One participant noted, "Any help with improving how easy it is to discover current services would be a big win."
- 2.12 The need for improved service quality was also clear. People called for better trained professionals who listen without judgement and value unpaid carers' input. There were concerns about gaps in provision and accessibility.

- 2.13 Timely support was another priority, with long waits for referrals and assessments felt to be harmful to a person's mental wellbeing.

 Respondents also highlighted the need for practical help with tasks like letters and phone calls, and quicker access to support during crisis.
- 2.14 These outcomes have provided the foundation for the strategic vision namely, that people who have experienced mental ill-health, along with their families and carers, feel empowered, have their voices respected, and receive early support to prevent a decline in wellbeing and maintain independence as close to home as possible and have shaped the priorities set out in Appendix 1.

2.15 Focus area: Guiding values

- 2.16 The multiple-choice values identified the following values as being most important:
 - People Focused
 - Caring
 - Honest
- 2.17 The survey asked respondents to report on other key values outside of the multiple-choice list. Other values identified as being important were empathy, compassion and understanding.
- 2.18 These outcomes have established our guiding principles, being people-focused, caring, and respectful, and have shaped our strategic commitment to upholding them which is set out in Appendix 1.
- 2.19 Focus Area: Key Topic Areas
- 2.20 The multiple-choice areas identified as being most important were:
 - Improving mental health services
 - Preventing crisis through early support
 - Ensuring people's voices are heard
- 2.21 For respondents who did not select a key topic area from the multiple-choice suggestions, they selected 'other'. They were given opportunity to state an alternative important topic area in their own words, along with the opportunity to say why this was important.

Additional topic areas: Improving Mental Health Services

2.22 Respondents stressed the need for more accessible and timely services. Many described long waits, unclear referrals, and delays that led to crisis. There was a strong call for services that are easy to navigate, quick to respond, and available when needed, without judgement or barriers.

2.23 Integrated and holistic support was also vital. People were frustrated by disconnected services and poor co-ordination. They called for better collaboration across agencies, shared goals, and joined-up care plans that reflect individual needs. A more person-centred approach was seen as key to better outcomes and preventing people from falling through the cracks.

Additional topic areas: Preventing crisis through early support

- 2.24 Respondents advocated for early intervention, noting that proactive care can prevent crisis. Many felt current services only respond in periods of severe distress, describing this reactive model as harmful and inefficient. They called for systems that identify and support people earlier, helping them build resilience and maintain wellbeing.
- 2.25 Support for young people, especially those aged 16-18, was a strong theme. Respondents stressed the need to equip young people with tools to manage their mental health, highlighting the urgency of timely support to prevent long-term issues.

Additional topic areas: Ensuring people's voices are heard

- 2.26 Respondents emphasised the importance of involving people with lived experience in shaping services. Co-production was seen as essential for creating relevant, respectful, and effective support. It ensures services reflect real needs and experiences.
- 2.27 The Strategy acknowledges and builds on Rotherham's Four Cornerstones, developed in partnership with people with lived experience, partners, and support organisations. These principles are widely recognised as essential for good practice:
 - Welcome and Care
 - Value and Include
 - Communicate
 - Work in Partnership
- 2.28 By embedding these values into the development of the strategy, the strategy aims to strengthen trust and support positive outcomes.
- 2.29 These outcomes have shaped the strategic priorities of this strategy, as detailed in Appendix 1. Further analysis of the consultation findings can be found in Appendix 2.
- 2.30 Focus Area: Service Priorities
- 2.31 The service priorities identified as being most important were:
 - Reducing wait times for assessments and services
 - Clear crisis support and contact points

- Easier access to information, advice, and support
- Consistent access to services across Rotherham
- 2.32 Respondents also told us that person-centred and inclusive support, a variety of support options and workforce development should be additional priorities.
 - Additional priorities: Person-Centred and Inclusive Support
- 2.33 Respondents stressed the need for services tailored to individual needs, with people actively involved in decisions about their care. Comments like "Nothing about the person without the person" reflected a desire for respectful, empowering support.
- 2.34 There was also a strong call for inclusive approaches, especially for neurodiverse individuals and those facing barriers relating to language, digital exclusion, or cultural differences.
 - Additional priorities: Variety of Support Options
- 2.35 Many respondents highlighted the value of non-clinical support, including help with benefits, volunteering, physical activity, and peer support. These were seen as essential for promoting wellbeing and preventing crisis.
 - Additional priorities: Workforce Training and Support
- 2.36 Training was seen as vital, not just for mental health professionals, but also broader council staff, voluntary sector partners, and the wider public.
- 2.37 Respondents called for education on supporting people with serious mental illness, recognising early signs, and building resilience. A more informed and compassionate workforce was viewed as key to improving service quality and access.
- 2.38 These outcomes have shaped the strategic priorities of this strategy, as detailed in Appendix 1. Further analysis of the consultation findings can be found in Appendix 2.
- 2.39 Focus Area: Links to Other Related Strategies
- 2.40 Strategy: Health and Wellbeing Strategy for Rotherham 2019 2025
- 2.41 The survey asked how the strategy could support people to maintain and improve their mental health throughout their life, by accessing and shaping the services they need.

- 2.42 Key themes Identified:
 - Accessibility and Availability of Services
 - Person-Centred and Tailored Support
 - Specific Needs and Inclusion
 - Accessibility and Availability of Services
- 2.43 Respondents called for clearer, faster, and more inclusive access to mental health support. They highlighted the need for simplified pathways, reduced wait times, and 24/7 crisis support. Services should be well-publicised, easy to navigate, and consistently available across Rotherham.
- 2.44 Additionally, people stressed the importance of accessible information, including plain language communication and better signposting, particularly for those with additional needs. Many felt that services should offer long-term, consistent support that reflects real-life challenges, rather than short-term or one-size-fits-all solutions.
 - Person-Centred and Tailored Support
- 2.45 People stressed the need for care that reflects individual circumstances and lived experience. They called for early intervention, meaningful involvement in decisions, and support that empowers individuals to shape their own care.
- 2.46 Listening to those with lived experience, offering peer support, and creating care plans based on real needs, not service targets, were seen as essential. Respondents also valued compassionate, face-to-face contact over impersonal systems.
 - Specific Needs and Inclusion
- 2.47 Respondents emphasised the need for inclusive services, accessible in multiple languages, culturally sensitive, and tailored for neurodiverse individuals, LGBTQ+ communities, and victims of domestic abuse.
- 2.48 Barriers like transport, digital exclusion, and lack of trauma-informed care were frequently mentioned. People also called for holistic support beyond clinical care, including help with housing, employment, and daily tasks. Well-trained staff who understand the realities of mental health were seen as vital to delivering responsive, inclusive services.
- 2.49 These outcomes have shaped the strategic priorities of this strategy, as detailed in Appendix 1. Further analysis of the consultation findings can be found in Appendix 2.

- 2.50 Focus Area: Links to Other Related Strategies
- 2.51 Strategy: The Borough That Cares Strategy
- 2.52 The survey asked for views on mental health support for unpaid carers and how the Mental Health Strategy 2026-2029 could better meet their needs.
- 2.53 Key themes Identified:
 - Access to Support and Services
 - Financial and Practical Support
 - Access to Support and Services
- 2.54 Respondents highlighted the need for better access to support, especially for carers of people with a learning disability or people experiencing mental ill health. Many felt isolated and unsupported, particularly early in their caring journey. There was a strong call for visible, co-ordinated services, ideally through a "one-stop shop" to simplify access.
- 2.55 Carers also asked for ongoing, well-publicised support including peer groups, wellbeing activities, and practical help. Flexibility, inclusivity, and recognition of carers' own mental health needs were seen as essential.
 - Financial and Practical Support
- 2.56 Respondents called for improved access to financial help, including benefits and carers' allowances, to reduce stress and support wellbeing. Practical support such as training, peer networks, and help with transport, housing, and navigating services, was also seen as vital.
- 2.57 Respondents emphasised the emotional and economic value of unpaid carers and called for consistent, long-term support. Suggestions included discounts for wellbeing activities, clearer information about available help, and more integrated systems to reduce isolation and improve quality of life.
- 2.58 The consultation feedback has been incorporated into the 'Mental Health Priorities' section of the Rotherham Council Adult Social Care Mental Health Strategy 2026-2029 (Appendix 1), with the priorities and associated deliverables being shaped to incorporate contributions from 'The Borough That Cares' initiatives. Over the next three years, Adult Social Care, working collaboratively with partners, will focus on delivering the priorities to improve outcomes for people experiencing mental ill health, their carers and families.

3. Options considered and recommended proposal

- 3.1 **Option 1** Cabinet approve the new Rotherham Council Adult Social Care Mental Health Strategy 2026-2029 for the 3-year term.
- The Rotherham Council Adult Social Care Mental Health Strategy 2026-2029 provides direction about the future priorities for mental health services in Rotherham. It also enables continued engagement and a voice for people living in Rotherham with lived experience of mental ill health. (**Recommended**)
- 3.3 **Option 2** Do not approve the new Rotherham Council Adult Social Care Mental Health Strategy 2026-2029.
- 3.4 Without the new Rotherham Council Adult Social Care Mental Health Strategy 2026-2029, that includes a clear focus and vision, aligned with the consultation findings, existing gaps in access, collaboration, and support will continue to be present. Services may become reactive, fragmented, and untailored to individual needs, leaving people, especially unpaid carers, young people, and those with lived experience of mental ill health, feeling unsupported and excluded from services.
- Opportunities for early intervention, inclusive care, and co-production could be missed, while workforce challenges and quality gaps could develop. Ultimately, the absence of a strategy risks undermining mental wellbeing across Rotherham. (Not recommended)

4. Consultation on proposal

- 4.1 The consultation took place from 8 May 2025 to 27 July 2025 to seek the views of people with lived experience of mental ill health, their families, carers, and professionals on the future vision, values, topics, and priorities for mental health provision.
- 4.2 A comprehensive consultation programme was delivered to support the development of Rotherham Council Adult Social Care Mental Health Strategy 2026-2029. Consultation activities targeted a wide range of stakeholders including residents, unpaid carers, professionals, and community groups. The consultation was delivered through a mix of drop-in sessions, workshops, and events, held both in-person at community venues and online via Microsoft Teams.
- 4.3 Drop-in sessions were hosted at a range of locations, including such as Wellgate Court, REMA Unity Centre, and local cafes and venues, allowing individuals to complete surveys and receive information. Workshops were conducted with staff networks, community organisations, and cultural groups, enabling deeper discussions and coproduction opportunities. Promotional activities at public events like the Women of the World and Shared Lives events helped raise awareness and distribute materials.

- 4.4 Across all formats, the consultation aimed to be inclusive and accessible. Feedback was gathered in a variety of ways to maximise reach and enable people with lived experience to engage with the focus areas, supported by people with whom they were most likely to feel comfortable.
- 4.5 The feedback gathered through these varied formats underpins the strategy's priorities and ensures it reflects the voices and needs of Rotherham's communities.
- 4.6 A total of 227 responses were received during the consultation, reflecting a broad cross-section of the Rotherham community.
- 4.7 Respondents included residents, unpaid carers, family members, council employees, and representatives from the voluntary and community sector. Most found out about the consultation through the council website, word of mouth, or other informal channels.
- 4.8 Respondents were asked to provide equalities information, including protected characteristics such as age, sexual orientation and disability. Of the 227 respondents, 102 agreed to provide this equalities information.
- 4.9 Full consultation analysis can be found at Appendix 2.
- 4.10 The survey received 227 responses. The consultation areas were:
 - Central locality contributing the most at 32.2%
 - South locality contributing at 21.6%,
 - North locality contributing the lowest response rate at 14.5%.
- 4.11 Additionally, 12.8% of responses came from outside the area, and 18.9% did not specify a location. Some wards, such as Dalton and Thrybergh, Rotherham West and Maltby East across the localities had little to no responses.
- 4.12 The survey included a blend of open and closed questions, which allowed the respondents to choose from multiple choice options, with further opportunity to select 'other' options, along with the inclusion of options narrative as free text.
- 4.13 There was also an opportunity throughout the survey questions for respondents to add things they felt important to them beyond the key focus areas. The survey asked respondents to choose from more than one multiple choice option, and often the choice limit was uncapped.
- 4.14 Both multiple choice answers and free text answers were included in the survey analysis findings.

5. Timetable and Accountability for Implementing this Decision

- 5.1 January 2026 Launch the Rotherham Council Adult Social Care Mental Health Strategy 2026-2029 for Rotherham.
- 5.2 December 2027 Report to Cabinet on progress in delivering the priorities of the Strategy (2026-2027).

6. Financial and Procurement Advice and Implications

- There are no immediate financial implications from the implementation of the Rotherham Council Adult Social Care Mental Health Strategy 2026-2029. Any changes in provision will need to be within current budgets.
- There are no direct procurement implications arising from the recommendations detailed in this report. Where there is a need to procure services to deliver against the strategy this must be undertaken in compliance with the relevant procurement legislation (Public Contracts Regulations 2015, Procurement Act 2023 or the Health Care Services (Provider Selection Regime) Regulations 2023) subject to the route to market identified.

7. Legal Advice and Implications

7.1 The local authority has responsibilities for the delivery of care and support services under the Care Act 2014 which includes the development of preventative strategies to improve the lives of individuals as well as reducing demand in the future. Additionally, the government's 10-year plan 'Fit for the future - 10 Year Health Plan for England' emphasises a more preventative approach highlighting mental health as an area where additional support is required. The proposed strategy develops a local plan which aims to improve lives through better focused service delivery which fits with the statutory requirements in the Care Act 2014 and the aspirations of the new plans for the NHS and how services are delivered locally, in community settings.

8. Human Resources Advice and Implications

8.1 There are no HR implications arising from this report.

9. Implications for Children and Young People and Vulnerable Adults

9.1 The Rotherham Council Adult Social Care Mental Health Strategy 2026-2029, co-designed with individuals who have lived experience, aims to build a more inclusive, preventative, and responsive system for adults experiencing mental ill health.

9.2 Implications for Children and Young People:

- Clearer, more supportive pathways will help ensure continuity of care and reduce service gaps during the move from children's services to adult care services.
- Emphasis on early support and emotional wellbeing aims to prevent the escalation of mental health issues during adolescence.
- Stronger collaboration between schools, health, social care, and voluntary services will provide more holistic care.

9.3 Implications for Vulnerable Adults:

- A revised adult mental health model will offer integrated support tailored to individuals with complex or long-term needs.
- Services are being shaped with input from people who draw on care and support, their carers, and community partners to ensure they meet real needs.
- The strategy promotes community-based, strength-focused approaches to prevent mental ill health and support recovery.

10. Equalities and Human Rights Advice and Implications

- 10.1 Equalities Assessments have been completed to inform the proposals (Appendix 4 and 5). The proposals in this report support the Council to comply with legal obligations encompassed in the:
 - Human Rights Act (1998), to treat everyone equally with fairness dignity and respect with a focus on those who are disadvantaged because of disability.
 - Equality Act (2010) to legally protect people from discrimination in the wider society.
- 10.2 Section 149 of the Equality Act 2010 establishes the Public Sector Equality Duty (PSED) which requires that the Council, as a public body, in carrying out its functions must have due regard to the need to:
 - Eliminate discrimination, harassment, victimisation, and any other conduct that is prohibited by or under the Equality Act.
 - Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.
 - Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
- The relevant protected characteristics referred to in the Equality Act are age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation. Public authorities also need to have due regard to the need to eliminate unlawful discrimination against someone because of their marriage or civil partnership status.

There is a duty on the Council to keep a record to demonstrate that it has genuinely and consciously had due regard to the Public Sector Equality Duty.

11. Implications for CO2 Emissions and Climate Change

- 11.1 A Carbon Impact Assessment has been completed (Appendix 6.)
- The strategy's main climate impacts stem from increased transport emissions due to travel to consultation events, and potential waste from printed materials. To mitigate these, the Council plans to host events locally to reduce travel distances, car share and promote digital engagement through QR codes and e-bulletins, limiting printed resources to essential use.
- Use of non-domestic buildings for consultations may contribute to emissions, though this is uncertain. Mitigation includes aligning with existing bookings and mindful resource use.
- No impacts have been identified in relation to housing, construction, or carbon capture, and the strategy does not affect climate resilience or adaptation capacity. Overall, the proposal supports the Council's broader climate goals under the "One Council" theme, encouraging sustainable practices across the Borough.

12. Implications for Partners

12.1 Partners have been involved at all stages of the consultation and development of the Rotherham Council Adult Social Care Mental Health Strategy 2026-2029. Housing, Public Health and NHS partners will be crucial delivery partners in the strategy implementation. A collaborative approach to the delivery of Adult Care Social Mental Health Services is essential for the achievement of improved outcomes for people experiencing mental ill health.

13. Risks and Mitigation

13.1 Risk: The Rotherham Council Adult Social Care Mental Health Strategy 2026-2029 is not known about or understood by people with a lived experience, families, and unpaid carers.

Mitigation: Sufficient communications regarding the cascading of the new Rotherham Council Adult Social Care Mental Health Strategy 2026-2029 is delivered across internal and external Adult Social Care communication and collaboration channels.

13.2 Risk: The content of the Rotherham Council Adult Social Care Mental Health Strategy 2026-2029 is interpreted as having an impact on Clinical Services such as medical treatments, hospital care, and other health interventions, that are provided by health partners, such as the

Rotherham, Doncaster and South Humber (RDASH) NHS Foundation Trust and The Rotherham Foundation Trust (TRFT).

Mitigation: Ensure clarity in communications that although the strategy focuses on improving Council-run services, it also aims to strengthen partnerships so that people receive a seamless, integrated experience with health partners.

14. Accountable Officers

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Approvals obtained on behalf of Statutory Officers: -

	Named Officer	Date
Chief Executive	John Edwards	27/11/25
Strategic Director of Finance & Customer Services (S.151 Officer)	Judith Badger	25/11/25
Assistant Director of Legal Services (Monitoring Officer)	Phil Horsfield	24/11/25

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